

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____	Work Order:	Part No. _____	Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
NCR No. _____	Part No. _____	NCR No. _____	Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	<input type="checkbox"/>
			Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	<input type="checkbox"/>
			Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear				General								
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Weld	<input type="checkbox"/>	
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>	
Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Work Order ID 96145

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96145

Page 2

Item ID: D2344

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Litter Deck Plate, 350

Stop

NS2

Start Date: 1/23/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 2/08/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

120

QC

Quality Control

QC8- Inspect parts - second check

0.00*



12

130

130

Small Fab

Small Fab

0.00

12x

Small Fab

Memo

0.00

1-Deburr sharp edges 2-Countersink holes per Dwg D2344

140

140

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS
16
9-55

13/3/11

(X/2)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS											
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>										
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>										
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>										
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector						
Doc/Data																	
Equip/Tooling																	
Operator																	
Material																	
Setup																	
Other																	
Process																	
Supplier																	
Training																	
Unapproved																	
FAULT CATEGORY																	
Landing Gear				General													
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions								<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
																<input type="checkbox"/> Other	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

Work Order ID 96145***96145***

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Item ID: D2344

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Litter Deck Plate, 350

Stop

NS2

Start Date: 1/23/13

Start Qty: 12.00

12

Cust Item ID:

Required Date: 2/08/13

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170 *170* QC Quality Control	QC3- Inspect Part Finish Memo	0.00	12						
180 *180* Packaging Packaging	Identify as per dwg & Stock Location: ST 200 Memo	0.00	12 x						SP 12-3-14.
190 *190* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00							13/3/18 08

13-03-15

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Work Order:	NCR No. _____	Rework	Skid-tube	Crosstube	Water Jet	Engineering			
			Scrap	Machining	Small Fab	Prod. Eng. Coor.	Quality			
			Use-as-is	Thermoforming	Finishing	Rec/Store/Packaging	Other			
			Work Order Update	Large Fab	Composite	Supplier				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
				<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced		
				<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure		
				<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld		
				<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled		
				<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved			
				<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong			
				<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge			
				<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset				
				<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration				
				<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence				
				<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions				

Picklist Print

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Page 1

Work Order ID: 96145 T
Parent Item: D2344 Start Date: 1/23/13
Parent Item Name: Litter Deck Plate, 350 Required Date: 2/08/13
Comments: IPP Rev:D00.06.26Removed P/O for powder coatEC
 IPP Rev:E 07-07-04 Asper Rev F JLM Start Qty: 12.00
Required Qty: 12.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063 2024-T3 .063 sheet		Purchased	No			100	sf	212.7400	0.745	9.410526	W	13-03-10	

Location	Loc Qty	Loc Code
MAT022	212.74	
119916	0.2	
121197	21.34	
123096	11.4	
123654	12.8	
<u>123701</u>	167	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
Work Order Update <input type="checkbox"/>	Description of work order update or Non-conformance						Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Root Cause	Date	Step	Qty									
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear				General								
Bending	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>								
Centre Not Concentric to O/S	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>								
Cracks	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>								
Crushed/Crimped.	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>								
Cuffs	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>									
Heat Treat	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>									
Inspection Strip in Tube	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>									
Ripples in Bend	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		Other <input type="checkbox"/>								
Torque Waves in Extrusion	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>										
Turning Sequence	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>										
Wave/Twist in Tube	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>										

DART AEROSPACE LTD		Work Order:	96145
Description: Litter Deck Plate Kit (350)		Part Number:	D2344
Inspection Dwg: D2344	Rev: F		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

First Article Prototype

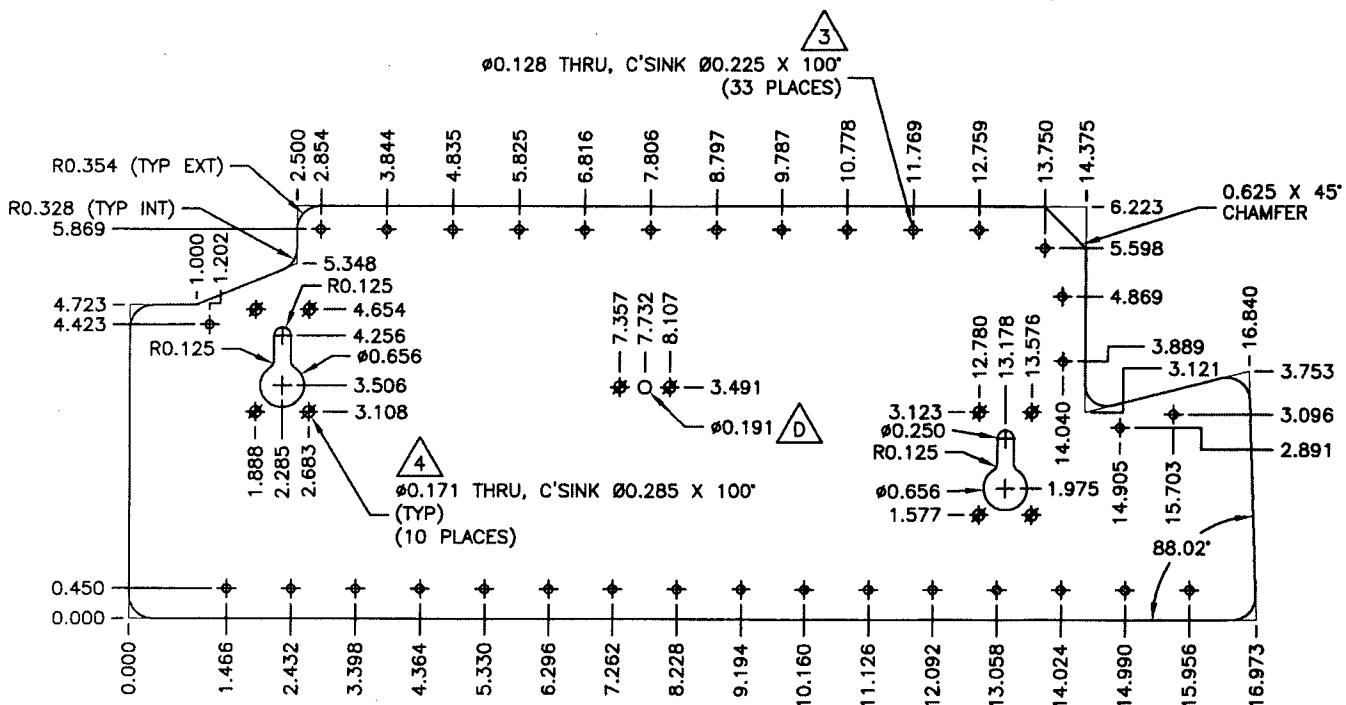
Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
6.223	+/-0.010	6.231	✓		vern	MAF-01
5.598	+/-0.010	5.598	✓		vern	
4.869	+/-0.010	4.869	✓		vern	
3.889	+/-0.010	3.888	✓		vern	
3.096	+/-0.010	3.094	✓		vern	
2.891	+/-0.010	2.891	✓		vern	
16.973	+/-0.010	16.973	✓		WT	MAF-02
0.450	+/-0.010	0.454	✓		vern	
4.423	+/-0.010	4.431	✓		vern	
4.723	+/-0.010	4.723	✓		vern	
1.202	+/-0.010	1.201	✓		vern	
5.869	+/-0.010	5.866	✓		vern	
4.654	+/-0.010	4.652	✓		vern	
Ø0.656	+0.005/-0.000	0.656	✓		vern	
1.888	+/-0.010	1.889	✓		vern	
2.285	+/-0.010	2.285	✓		vern	
2.683	+/-0.010	2.683	✓		vern	
Ø0.171	+0.005/-0.000	0.172	✓		vern	
3.491	+/-0.010	3.491	✓		vern	
Ø0.191	+0.005/-0.000	0.193	✓		vern	
3.123	+/-0.010	3.125	✓		vern	
1.975	+/-0.010	1.980	✓		vern	
Ø0.128	+0.005/-0.001	0.127	✓		vern	

Measured by:	<i>MW</i>	Audited by:	<i>27-06</i>	Prototype Approval:	N/A
Date:	13-03-10	Date:	13-3-11	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	04.06.25	New Issue P/O D350-616-015	KJ/JLM	
B	07.07.17	Dwg Rev. updated	KJ/JLM	
C	07.09.06	Dimensions updated per Dwg. Rev. F	KJ/JLM <i>AF</i>	<i>BE</i>

DART

DESIGN KE	DRAWN BY <i>JL</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>AB</i>	APPROVED <i>HT</i>	DRAWING NO. D2344	REV. F SHEET 1 OF 1
DATE 07.06.07		TITLE LITTER DECK PLATE, 350	SCALE 1:3
		A 95.01.14 NEW ISSUE	
		B 95.02.09 MOVED KEY HOLES	
		D 95.03.06 0.191 WAS 0.197	
		E 98.06.19 0.063-0.071 THICK WAS 0.071 (TSR A371)	
		F 07.06.07 C'SINK Ø0.285 WAS Ø0.308	



D2344 LITTER DECK PLATE, 350

E 1) MATERIAL: 2024-T3 ALUMINUM SHEET, 0.063-0.071 THICK PER QQ-A-250/4
(REF. DART SPEC. M2024T3S)

F 2) FINISH: POWDER COAT BLACK SANTEX (REF. 4.3.5.7) PER DART QSI 005 4.3
3) COUNTERSINK HOLES MARKED \diamond TO Ø0.225 X 100'
4) COUNTERSINK HOLES MARKED \diamond TO Ø0.285 X 100'
5) BREAK ALL SHARP EDGES 0.005 TO 0.010
6) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
7) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED
8) IDENTIFY WITH DART P/N "D2344" USING WHITE PAINT MARKER

h2-10-21
RELEASED
07.06.22 *HT*